

Parent Questionnaire

Name of Child(ren): _____ Board #: _____ Return by: ____/____/____

What services are you currently participating in?

What services have you participated in? What services have you completed?

Are there services that you feel are needed that are not being provided? Are you on any type of waiting list?

How often do you visit with your child(ren)?

What are some things you like to do during your visits?

How often do you have contact with your Case Manager?

If you have expressed any concerns with regard to either your children or your needs, do you feel that these concerns have been taken care of appropriately?

What needs to happen in order to have your child(ren) returned home?

Is there anything else that you would like us to know? (Feel free to add extra pages if need more room)

What is reported in this questionnaire may be included in the Local Board's report to the legal parties to the case.

Form completed by: _____ Date completed: _____

THANK YOU, PLEASE RETURN THIS FORM TO:

Mail: Foster Care Review Office
521 S. 14th Street, Suite 401
Lincoln, NE 68508-2707

Fax (402) 471-4437 or **E-mail** to address on the letter.